

BHPOC Work Group on Diversity, Equity & Inclusion in Behavioral Health

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Co-Chairs: Alice Forrester and Selma Ward

Agenda <u>May 7, 2024 11:00 AM via ZOOM</u>

The BHPOC is committed to creating to an environment that provides equal access to behavioral healthcare in a culturally competent capacity, with particular attention to social and racial justice.

Join Zoom Meeting https://zoom.us/j/96229629416?pwd=U09UR3p1YVJpMVBWNUZ1MHNWVUF0QT09

Meeting ID: 955 5759 2771 Passcode: 789177

+19292056099,,95844380526#,,,,*971141# US (New York) +13017158592,,95844380526#,,,,*971141# US (Washington DC)

Dial by your location +1 929 205 6099 US (New York) Meeting ID: 980 3203 0015 Passcode: 660830

Find your local number: https://zoom.us/u/adF88NqOqJ

Join by SIP 92035438730@zoomcrc.com

Join by H.323 162.255.37.11 (US West) 162.255.36.11 (US East) Meeting ID: 929 6974 4605 Passcode: 336456

David Kaplan, Alice Forrester, Brenetta Henry, Shaina Singh, Carlos Blanca, Lois Berkowitz, Mark Vanacore, Stephney Springer, Neva Caldwell, Amy Soto, Jaya Daptardar, Yohanna Cifuentes, Noel Casiano, Donyale Pina, Yvonne Jones, Crystal Williams, Carmen Rosario, Tanja Larsen, Rob Haswell

Scribe: Christine Maziuk

1. Welcome

2. Feedback for Data Haven at BHPOC and Review of Family Data from Various Sources

• Discussion ensued around what happens to the data collected from family focus groups and sharing it with providers in a library of information to make systemic changes with regard to DEI.

• Amy Soto presented on Connecticut Public Health. Connecticut Public Health receives Federal funding for the maternal and child health grant, which is Title 5. These funds are used for preventative and primary health services for pregnant women, infants, children, and youth with special healthcare needs. Every year they report how the funds are used in these different areas. The Federal Government requires CPH to obtain input from families. Therefore, family focus groups were formed. This year CPH worked in Connecticut Family Centered Services worked with three Spanish focus groups and two English focus groups. We ask families questions about access to primary care challenges they encounter, and suggestions for improvement. A scribe worked with them, sometimes a family individual, who is paid a stipend. Sensitive information is captured, but it is kept completely anonymous. CPH works with a program staff to review the quality of data and to identify themes along with the analysis. This year's data is going to be analyzed with last year's data. When Covid came around two additional questions were asked: 1) after Covid, how is it that the services have improved or not improved? 2) if they had access to health insurance? CPH also has a family experience work group who helps us with our Connecticut Medical Home Advisory Council and the Family Experience Work group. CPH also provides stipends to people who are in the focus group. Focus groups are comprised of 8-10 individuals. Forty-five to 50 individuals participated this year compared to 35 last year. Individuals were from different backgrounds and were asked how they identify themselves. Many individuals identified as Hispanics, but different types of Hispanics or Latino, for example. There were people from Mexico, Ecuador, and there were individuals who identified as African American. Individuals spoke a variety of languages as well. English, Spanish and Portuguese. An example of an outcome this year was that there will many individuals who stated that there is not a lot of programs out there for after school care for children with special healthcare needs. When CPH does their five-year needs assessment, the outcomes will assist in what programs need funding. From an interpreter standpoint, phrasing and questions must be carefully considered as different languages may interpret questions differently. The Provider Information Exchange (PIE) contains 40 questions. Are the surveys being answered honestly? What are treatment goals by race? Who assists in making appointments? How can finding services be easier? When a parent does speak good English and it is a sixth-grade child helping the parent, the information is filtered through a minor who has the ability to control the conversation both ways.

3. New Ideas

 While parents are waiting for services, have a tablet with questions, ensuring the client that answers are anonymous and shared with DSS or DCF and that their honest answers could help improve programs and services. Questions may be: how easy/difficult was it to make an appointment, did you have difficulty getting here, did you have any difficulty with public transit,

4. New business, announcements, adjourn

• None discussed.

Next Meeting: Tuesday, June 4, 2024 at 11:00 AM via ZOOM